	l A	В	С	D	ΕΤ	F	G	Т	<u> </u>	J	K	T L		M
	VERSION: T	he version of this	Message Mapping Guide is Ve	rsion 1.2 Da	ated July.	2012.	-		III.					
			marcange mapping care as a		, ,									
1	"This artifa	ct is considered t	o be a technical document. Pl	ease conta	ct PHINTe	ch@cdc	gov, copying th	e NEDSSteam a	t NEDSS@	cdc.gov for assis	stance with	t his art if act	."	
1	This Massage	Manning Cuida dagar	ribes the content and message mappi	ina angoificati	one for the	ant of date	a alamanta usad ta a	ammunicata inform	otion to mad	t the requirements for	or Arboviral Hur	man Casa Nati	fications	to CDC. The intended
			e state/local and CDC programs and o											
3						3				gp		g		
4														
5	<u>References</u>													
	National Cond	lition Donorting Notific	able Events and Reporting Mechanisn	no for 2000 F	Nivision of In	tograted	Surveillance System	and Continue No	tional Conto	for Dublic Hoolth Inf	formation Cont	ore for Discoso	Contro	Land Provention June 2000
6	<u>National Cond</u>	altion Reporting, Notina	able Events and Reporting Mechanish	<u>115 101 2009</u> , L	JIVISION OF III	negrated	Surveillance System	s and Services, Na	lional Centel	101 Public Health IIII	ormancs, cem	ers for Disease	Contro	rand Prevention, June 2009.
7														
	NI-CIN-C	in the Manne of		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		- 111 - 1		ODUADO4 II	- 1 Ob		. 10 7 - 1 1			- the National Land Control
			ture Specification version 2.0 is used ational Notification message is used to											
			se of the Health Level 7 (HL7) Version											
8										,		g		
9														
	Column		Description											
		iables Column Headi												
	PHIN Variable	e ID	PHIN data element identifier drawn				Questions_CDC.							
13	Label		Short name for the data element, w					 						
14	Description		Description of the data element. It is the PHIN Question identifier.	may not matc	h exactly wi	th the des	scription in PHIN Que	stions, because th	ere may be l	ocal variations on the	e description th	at do not chan	ge the b	asic concept being mapped to
15	Data Type		Data type for the variable response	expected by t	he program	area. Da	ata Types are Coded	, Numeric, Date or	Date/time, a	nd Text.				
			Indicator whather the programs	ifing the field		_								
			Indicator whether the program spec	mes the field i	as.									
			R - Required - Mandatory for sendi	ng the messa	ge. If data	element is	s not present, the me	essage will error ou	ıt.					
	CDC Briggith		P - Preferred - This is an optional v							ariable is already bei	ing collected by	the state/territ	tory or if	the state/territory is planning to
	CDC Priority		collect this information because it is					CDC would like this	information	sent. CDC preferred	d variables are	the most impo	rtant of t	he optional variables to be
			earmarked for CDC analysis/assess											
			O - Optional - This is an optional va								ow if the state/te	erritory already	collects	this information or is planning t
16			collect this information, but has a lo	WEI IEVEI OI III	iportance (C	ODC (Na	in the preferred class	ынсанон ог орнопа	i uala eleffle	illo.				
10			Indicator whather the reconstruct to the	o doto oleres	nt may re-	ot "\/" :	the field indicates th	at it may ranget 1	f the reen	o door not rone at the	an field in not a	anulated or say	ataina "A	I" Data alamenta that re
	May Repeat		Indicator whether the response to the	ie data eleme	нь тау гере	ai. Y In	the neid indicates tr	iai ii mav repeat. T	i ine respons	e goes not repeat. If	ie neid is not b	opulated of COL	italiis "N	ı . Dala elemenis mai rebeat
1 17	May Repeat		require special processing.								10 11010 10 1101 p	opulatou oi oo.		

Arboviral Human Case Notification Message Mapping Guide

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18	Value Set Nai		Name of the pre-coordinated value of Distribution Services. To obtain the 1. Go to http://phinvads.cdc.gov. 2. Click on the Views hyperlink 3. Enter Arboviral Human in the local 4. Click on Details next to Arboviral	valid code s okup box an	ets for the a	Arboviral H	Human implementation ews button.				alth Information Netw	ork Vocabulary Access and
19	Value Set Co		Code for the pre-coordinated value: Distribution Services. To obtain the 1. Go to http://phinvads.cdc.gov. 2. Click on the Views hyperlink 3. Enter Arboviral Human in the local to the Click on Details next to Arboviral	valid code s okup box an	et for the A d press the	rboviral Ho Search Vie	uman implementation ews button.				alth Information Netw	ork Vocabulary Access and
20	Message Ma	pping Methodology Co	olumn Headings									
21	Message Con	ntext	Specific HL7 segment and field map	ping for the	element.							
22	HL7 Data Typ	ре	HL7 data type used by PHIN to exp	ress the vari	able. Data	types expe	ected are CWE, SN, T	S, ST, TX, XPN, XTN,	or XAD, depending on the type of	of data being	passed.	
Indicates if the field is required, optional, or conditional in a segment. The only values that appear in the Message Mapping are: R – Required. Must always be populated O – Optional. May optionally be populated.												
	Implementation	on Notes	Related implementation comments.									
25												
26			Subject-Related/D	emograph	ic Variabl	es				Mappi	ng Methodology	
27	PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
28	NOT108	Notification ID	The unique identifier for the notification record.	Text	R				MSH-10-Message Control ID.	ST	R	If notification ID is not unique, a timestamp may be appended. HL7 recommended size increased to 50. No UID or label is passed in the message.
29	NOT114	Receiving Application	CDC Receiving Application for this message.	OID	R				MSH-5 Receiving Application.	HD	R	Literal Value: 'CDC^2.16.840.1.114222.4.3 .2.3^ISO'

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26			Subject-Related/Delate	emograph	ic Variab	les				Mappi	ng Methodology	
27	PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
30	NOT115		First instance is the reference to the structural specification used to validate the message. Second instance is the reference to the PHIN Message Mapping Guide from which the content is derived.	Text	R	Y/2			MSH-21-Message Profile ID.	EI	R	First instance literal value: 'NND_ORU_v2.0^PHINProfil eID^2.16.840.1.114222.4.10. 3^ISO' Second instance literal value: 'Arbo_Case_Map_v1.0^PHI NMsgMapID^2.16.840.1.114 222.4.10.4^ISO'.
	DEM197		The local ID of the patient/entity.	Text	R				PID-3 Patient Identifier List	СХ	R	Only the sending system's internally assigned patient id used for these de-identified messages where PID-3.1 ID Number is the local patient ID; PID-3.4 Assigning Authority format <localid&oid&iso> Does not pass Variable ID or label.</localid&oid&iso>
32	DEM100		Name is not requested by the program, but the Patient Name field is required to be populated for the HL7 message to be valid. Have adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.	Coded	R	Y/2	Name Type (HL7)	PHVS_NameType _HL7_2x	PID-5 Patient Name field	XPN	R	Literal value: ~^^^\S SECOND INSTANCE - where PID-5.7 Patient Name Type - is S for Pseudonym. HL7 reserves the first instance of the name for Legal Name.

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27	PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
	INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	R				OBR-3-Filler Order Number	EI	R	<same each="" in="" instance="" obr="" value=""> where OBR-3.1 is the internally assigned case/investigation ID, OBR-3.3 is the OID for sending application as assigning authority, and OBR-3.4 is the literal value 'ISO'. The UID and label are not passed in the message.</same>
33												
34	NOT099	Subject Type	Type of subject for the notification. "Person", "Place/location", or "Non-Person Living Subject" are the appropriate subject types for Notifications to CDC.	Coded	R		Section Header	PHVS_Notification SectionHeader_C DC	First OBR Segment-OBR-4- Universal Service ID.	CE	R	Literal Value: 'PERSUBJ^Person Subject^CDCPHINVS'
35	NOT101	Notification Type	Type of notification. Notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report".	Coded	R		Section Header	PHVS_Notification SectionHeader_C DC	Second OBR Segment- OBR-4-Universal Service ID.	CE	R	Literal Value: 'NOTF^Individual Case Notification^CDCPHINVS'
36	NOT103	Date First Submitted	Date the notification was first sent to CDC. This value does not change after the original notification.	Date/time	R				OBR-7-Observation Date/time.	TS	R	<same each="" in="" instance="" obr="" value=""> No UID or label is passed in the message.</same>
37	NOT106	Date of Report	Date/time this version of the notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	Date/time	R				OBR-22-Result Report/Status Chg Date/time.	TS	R	<same each="" in="" instance="" obr="" value=""> No UID or label is passed in the message.</same>

	А	В	С	D	Е	F	G	Н	l J	K	L	M
26			Subject-Related/D	emograph	ic Variab	les					ng Methodology	
27	PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
	INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Notifiable	PHVS_NotifiableE vent_Disease_Co ndition_CDC_NN DSS	OBR-31 Reason for Study	CE	R	'This field should be populated using the standardized vocabulary from PHVS_NotifiableEvent_Dise ase_Condition_CDC_NNDS S Value Set Code for the conditions listed in the Event Codes tab.'
38												DMB Will fail the message if data is not received in this field.
39	DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	Р				PID-7 Date/Time of Birth	TS	0	No UID or label is passed in the message.
40	DEM113	Patient's sex	Patient's current sex.	Coded	Р		Sex (MFU)	PHVS_Sex_MFU	PID-8 Administrative Sex	IS	0	No UID or label is passed in the message.
	DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s). ArboNet specific note: Race Category does not repeat for this interface.	Coded	R			PHVS_RaceCateg ory_CDC	PID-10 Race	CE	0	To send an "Unknown" because the application allows Unknown to be selected (that is, not as a default value): PID-10 would appear as UNK^Unknown^NULLFL
41												the message.
		Patient Address County	County of residence of the subject.	Coded	R			PHVS_County_FI PS_6-4	PID-11.9 Patient Address - County	IS	0	Use 5 character numeric code from PHVS_County_FIPS_6-4 DMB Will fail the message if data is not received in
42											_	this field.
43		Patient Address State	State of residence of the subject.	Coded	0			PHVS_State_FIP S_5-2	PID-11.4 Patient Address - State	ST	0	
44		Patient Address Zip Code	ZIP Code of residence of the subject.	Text	0				PID-11.5 Patient Address - Postal Code	ST	0	

	А	В	С	D	Е	F	G	Н	J	K	L	М
26			Subject-Related/De	emograph	ic Variabl	es				Mappi	ng Methodology	
27	PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
45	DEM155		Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Coded	Р		Ethnicity Group	PHVS_EthnicityGr oup_CDC	PID-22 Ethnic Group	CE		To send an "Unknown" because the application allows Unknown to be selected (that is, not as a default value): PID-22 would appear as UNK^Unknown^NULLFL
46	NOT109	State	State reporting the notification.	Coded	R		State	PHVS_State_FIP S_5-2	Observation/OBX Segment with this variable ID and label	CWE		ArboNet: Business Process - message will fail if NOT109 is not populated with the numeric FIPS code. (does not pass Variable ID or label)
47	NOT116	Jurisdiction	National jurisdiction reporting the notification to CDC. This will be the same value as NOT109 Reporting State for all reporting jurisdictions except New York City.	Coded	R		Reporting Area (TB)	PHVS_ReportingA rea_TB	Observation/OBX segment using this variable ID and label.	CWE	0	
48	INV168		Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	R				OBR-3-Filler Order Number	EI	R	
49	INV173		States use this field to link NEDSS investigations back to their own state investigations.	Text	R				Observation/OBX Segment with this variable ID and label	ST		DMB Will fail the message if data is not received in this field.
	INV128	Hospitalized	Was patient hospitalized because of this event?	Coded	0		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	

	Α	В	С	D	Е	F	G	Н	l J	K	L	M
26			Subject-Related/De	emograph	ic Variab	les				Маррі	ng Methodology	
27	PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code		Туре	HL7 Optionality	Implementation Notes
51	INV137	OnsetDate	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system.	Date	R				Observation/OBX Segment with this variable ID and label	TS	0	The first 4 digits of this field is used to derive the arb_year value used by the Arboviral program. DMB will fail the message if no Date is received.
52	INV145	Fatality	Did the patient die from this illness or complications of this illness?	Coded	0			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
53		DateOfDeath	The date and time the subject's death occurred.	Date	0				Observation/OBX Segment with this variable ID and label	TS	0	
54	INV152	ImportedFrom	Indication of where the disease/condition was likely acquired.	Coded	0		Jurisdiction	PHVS_DiseaseAc quiredJurisdiction _NND	Observation/OBX Segment with this variable ID and label	CWE	0	
55	INV153	CountryOfOrigin	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Coded	0		Country	PHVS_Country_3 166-1	Observation/OBX Segment with this variable ID and label	CWE	0	
56	INV163	CaseStatus	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Coded	R			PHVS_CaseClass Status_NND	Observation/OBX Segment with this variable ID and label	CWE	0	Valid Values: Confirmed Not a Case Probable Suspect Note: 'Unk - Unknown' is not a valid value for the Arboviral System. If no data is received DMB will fail the message or If receive "Unknown" DMB will fail the message.

	А	В	С	D	Е	F	G	Н	l J	K	L	M
26			Subject-Related/De	emograph	ic Variabl	es				Mappi	ng Methodology	
27	PHIN Variable ID	Label/Short Name		Data Type	CDC Priority	May Repeat	Value Set Name			Туре	HL7 Optionality	Implementation Notes
57	INV178	Pregnant	Indicates whether the patient was pregnant at the time of the event.	Coded	0			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
58	INV2001	Age	Patient age at time of case investigation	Numeric	0				Observation/OBX Segment with this variable ID and label	SN	0	
59	INV2002	AgeUnit	Patient age units at time of case investigation	Coded	0			PHVS_AgeUnit_U CUM	OBX-6-Units	CE	0	
60	ARB001	Arbovirus	Type of arbovirus the case was infected with.	Coded	R		(Arboviral Disease)	_ArboviralDisease	Observation/OBX Segment with this variable ID and label	CWE	0	DMB Will fail the message if data is not received in this field.
61	ARB002	ClinicalSyndrome	Clinical Syndrome is the type of clinical presentation the case had.	Coded	Р			drome_Arbovirus	Observation/OBX Segment with this variable ID and label	CWE	0	
60	ARB003	LabAcquired	Person fell ill with arboviral illness that was likely acquired due to work with infectious agents in a laboratory setting.	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
62	ARB004	NonLabAcquired	Non-Lab Occupationally Acquired. Indicates possible infection in an occupational setting that is not a laboratory.	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
64	ARB005	BloodDonor	Person who fell ill with arboviral illness and reported that they had donated blood sometime within the last 30 days prior to onset.	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
65	ARB006	BloodTransfusion	Person who fell ill with arboviral illness and reported that they had received a blood transfusion sometime within the last 30 days prior to onset.	Coded	R			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	

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26			Subject-Related/D	emograph	ic Variab	les				Mappii	ng Methodology	
27	PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name		Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
66	ARB007		Person who fell ill with arboviral illness and reported that they had donated an organ sometime within the last 30 days prior to onset.	Coded	R		(YNU)	nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
67	ARB008		Person who fell ill with arboviral illness and reported that they had received an organ transplant sometime within the last 30 days prior to onset.	Coded	R			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
68	ARB009		Person who fell ill with arboviral illness and reported that they were breast feeding or breast fed prior to the illness onset.	Coded	R			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
69	ARB010	InfectedInUtero	Infant that was born to a mother who had a WNV illness/infection during their pregnancy.	Coded	R		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
70	ARB011	Published	Published indicator	Boolean	R			PHVS_YesNo_HL 7_2x	Observation/OBX Segment with this variable ID and label	CWE	0	DMB will fail the message if no Data is received.
71		AFP	Did the patient suffer Acute Flaccid Paralysis?	Coded	R		(YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
72		onorScreening	Donors who have been identified as having a WNV infection through routine blood donation screening by the blood collection agency. May or may not be symptomatic.	Coded	R		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
73	ARB014	DateOfDonation	Date of blood donation	Date	Р				Observation/OBX Segment with this variable ID and label	TS	0	

	А	В	С	D	Е	F	G	Н	l J	K	L	M
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	PHIN Variable ID		·	Data Type	CDC Priority	May Repeat	Value Set Name			Туре		Implementation Notes
74	ARB015	LabTestingBy	Information on whether the specimen was tested in public health labs or exclusively in commercial laboratories.	Coded	Р		Public Private Lab	PHVS_PublicPriva teLab_NND	Observation/OBX Segment with this variable ID and label	CWE	0	
	ARB016		Before your infection, did a health care provider ever tell you that you had diabetes?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
76	ARB017	RiskFactorHyperte nsion	Before your infection, did a health care provider ever tell you that you had high blood pressure (hypertension)?	Coded	Р		Yes No Unknown (YNU)		Observation/OBX Segment with this variable ID and label	CWE	0	
77	ARB018	RiskFactorHeartAtt ack	Before your infection, did a health care provider ever tell you that you had heart attack (myocardial infarction)?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
	ARB019	yArtery	Before your infection, did a health care provider ever tell you that you had angina or coronary artery disease?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
79	ARB020	RiskFactorCHF	Before your infection, did a health care provider ever tell you that you had congestive heart failure (CHF)?	Coded	Р		Yes No Unknown (YNU)		Observation/OBX Segment with this variable ID and label	CWE	0	
80	ARB021	RiskFactorStroke	Before your infection, did a health care provider ever tell you that you had a stroke (CVA)?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
81	ARB022		Before your infection, did a health care provider ever tell you that you had chronic obstructive pulmonary disease (COPD)?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
82	ARB023	RiskFactorLiverDis ease	Before your infection, did a health care provider ever tell you that you had chronic liver disease?	Coded	Р		Yes No Unknown (YNU)		Observation/OBX Segment with this variable ID and label	CWE	0	

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26			Subject-Related/De	emograph	ic Variabl	es					ng Methodology	
	PHIN Variable ID	Label/Short Name	•	Data Type	CDC Priority	May Repeat	Value Set Name			HL7 Data Type	HL7 Optionality	Implementation Notes
83	ARB024	sease	Before your infection, did a health care provider ever tell you that you had kidney/renal disease or failure?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
	ARB025	RiskFactorAlcoholi sm	History of alcoholism?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
85		rrowTrans	History of bone marrow transplant	Coded	Р		(YNU)	nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
86	ARB027	anTransplant	History of solid organ transplant?	Coded	Р		,	nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
87		ransplanted	What organ was transplanted? (may be multiple organs)	Coded	Р	Υ		PHVS_Transplant Organ_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
88	ARB029	ansplantYear	What year was the transplant? (may be multiple years for multiple transplants)	Date	Р	Y			Observation/OBX Segment with this variable ID and label	TS	0	
	ARB030	RiskFactorCancer	History of cancer?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
	ARB031	уре	If the patient reported cancer, what type(s)? (may be one or more cancer types)	Coded	Р	Y		PHVS_CancerTyp e_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
91	ARB032	ear	What year was cancer diagnosed? (may be multiple years)	Date	Р	Y			Observation/OBX Segment with this variable ID and label	TS	0	
92		reatment	Are you currently being treated for cancer?	Coded	Р		,	nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
93	ARB034	Suppressed	At the time you were diagnosed with West Nile virus infection, were you immune suppressed?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	

	А	В	С	D	Е	F	G	Н	l J	K	L	М
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94	ARB035	RiskFactorImmune Condition	If the patient reported being immune suppressed, what is the immune condition?	Coded	Р		ed Condition	ppressedConditio n_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
95	ARB036		At the time you were diagnosed with West Nile virus infection, were you undergoing chemotherapy?	Coded	P		,	nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
96	ARB037	RiskFactorOtherCa ncer	At the time you were diagnosed with West Nile virus infection, were you undergoing other treatments for cancer?	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
97	ARB038	RiskFactorHemodi alysis	At the time you were diagnosed with West Nile virus infection, were you undergoing hemodialysis?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
98	ARB039	RiskFactorOtherKid neyTreatment	At the time you were diagnosed with West Nile virus infection, were you undergoing other treatments for kidney disease?	Coded	Р			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
99	ARB040	RiskFactorSteroids	At the time you were diagnosed with West Nile virus infection, were you receiving oral or injected steroids?	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
100	ARB041	RiskFactorInsulin	At the time you were diagnosed with West Nile virus infection, were you receiving insulin or other medications to treat diabetes?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	
101	ARB042	RiskFactorHyperte nsionMeds	At the time you were diagnosed with West Nile virus infection, were you receiving medications to treat high blood pressure?	Coded	P			PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0	

Arboviral Human Case Notification Message Mapping Guide

	Α	В	С	D	Е	F	G	Н	J	K	L	M	
26		Subject-Related/Demographic Variables								Mapping Methodology			
27	PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes	
102	ARB043	RiskFactorCoronar yArteryMeds	At the time you were diagnosed with West Nile virus infection, were you receiving medications to treat coronary artery disease?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0		
	ARB044		At the time you were diagnosed with West Nile virus infection, were you receiving medications to treat congestive heart failure?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0		
103				<u> </u>	_			51 11 (S.) (.) 1 1 1 1 1		0144=			
104		SuppressMeds	At the time you were diagnosed with West Nile virus infection, were you receiving medications that suppress the immune system?	Coded	Р		Yes No Unknown (YNU)	PHVS_YesNoUnk nown_CDC	Observation/OBX Segment with this variable ID and label	CWE	0		
104		D: 15 (D ; (0 1 1			V N I P (DUNG M. N. JU		0)4/5			
105	ARB046	RiskFactorPatient	Is the patient the source of the medical information?	Coded	P		Yes No Indicator (HL7)	7_2x	Observation/OBX Segment with this variable ID and label	CWE	0		
106	ARB047		Is the provider the source of the medical information?	Coded	Р		Yes No Indicator (HL7)	PHVS_YesNo_HL 7_2x	Observation/OBX Segment with this variable ID and label	CWE	0		
107	ARB048		Is the patient's family the source of the medical information?	Coded	Р		Yes No Indicator (HL7)	PHVS_YesNo_HL 7_2x	Observation/OBX Segment with this variable ID and label	CWE	0		
108	ARB049	Record	Is the medical record the source of the medical information?	Coded	Р		Yes No Indicator (HL7)	PHVS_YesNo_HL 7_2x	Observation/OBX Segment with this variable ID and label	CWE	0		